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MEDICAID MEMO

TO: All Providers, Contractors, and Managed Care Organizations (MCOs) Participating in the Virginia Medicaid and FAMIS Programs

FROM: Cheryl Roberts, Director
Department of Medical Assistance Services
(DMAS)

DATE: TBD

SUBJECT: Cardinal Care SM - Virginia's Medicaid Program

The purpose of this memo is to provide information about the implementation of Cardinal Care by the Department of Medical Assistance Services (DMAS). Cardinal Care will strengthen the Department's ability to provide high quality care for more than 2 million Virginians. Cardinal Care will follow a **strategic, phased-in implementation, beginning January 1, 2023, and will be fully operational by July 1, 2023.**

In this multi-phase initiative, DMAS will:

- 1) Rebrand the fee-for-service and managed care programs under a single name, Cardinal Care.
- 2) Unify the Medallion 4.0 and Commonwealth Coordinated Care Plus (CCC Plus) managed care programs under a single managed care contract, pending approval by the Centers for Medicare and Medicaid Services (CMS).

VIRGINIA MEDICAID's *Cardinal Care* Brand

On January 1, 2023, Virginia Medicaid rebranded all of its health coverage programs for Medicaid and FAMIS members. Cardinal Care is the new unifying name for Virginia's managed care, fee-for-service, Plan First, and Family Access to Medical Insurance Security (FAMIS) programs.

Within the Cardinal Care brand, Cardinal Care Managed Care will be the new name for Virginia's two existing managed care programs — Medallion 4.0 and Commonwealth Coordinated Care Plus (CCC Plus). DMAS will co-brand with Cardinal Care, Medallion, and CCC Plus program names from January 1, 2023, through June 30, 2023, with the Medallion 4.0 and CCC Plus brands phased out by July 1, 2023.

- **There will be no changes to coverage or services for members.**
- You will begin to see the new brand on Medicaid ID cards in January.
- Cardinal Care Managed Care will operate using the same six managed care organizations (MCOs) that currently administer both the Medallion 4.0 and CCC Plus programs.
- As indicated above, transition to Cardinal Care Managed Care and the consolidation of the Medallion 4.0 and CCC Plus programs under a single contract (Cardinal Care Managed Care Contract) require approval of a new federal Medicaid managed care waiver which is currently under review by CMS. DMAS anticipates receiving CMS approval in early 2023 and plans to implement under the Cardinal Care Managed Care Contract effective April 1, 2023. Once the transition is complete, the Medallion 4.0 and CCC Plus brands will be phased out completely effective June 30, 2023. We will update stakeholders on the status of Cardinal Care Managed Care implementation as information becomes available.

Cardinal Care Populations and Services

Cardinal Care members will continue to receive services through the fee-for-service and managed care delivery systems. The transition to Cardinal Care should be seamless for members. Once implemented, the combined Cardinal Care Managed Care program will include all populations and services that had been included in ***either*** the Medallion 4.0 or CCC Plus programs. For example, similar to CCC Plus, managed care eligible members who are in the hospital at the time of initial MCO enrollment will enroll in managed care. Similar to Medallion 4.0, newborns of CCC Plus Mothers will have coverage through the birth mother's MCO for at least the birth month plus two-month timeframe. Populations that had transitioned from Medallion 4.0 to CCC Plus, i.e., entering hospice or long-term care, will no longer drop to fee-for-service briefly before re-enrolling into managed care. Populations and services excluded from managed care will continue as part of the DMAS fee-for-service program.

Managed Care Member Enrollment and Communications

Having one managed care program will reduce confusion, simplify the member experience, reduce enrollment churn between managed care and fee-for-service, and improve continuity of care as the member's needs evolve over time. A member's managed care enrollment will continue to be contingent on the individual's Medicaid/FAMIS eligibility.

The transition to Cardinal Care will not disrupt an eligible member's health plan enrollment. Members will also continue to have the option to change their health plan during annual open enrollment. Beginning January 1, 2023, open enrollment for all Managed Care members will follow the regional open enrollment schedule outlined in Attachment 1 of this memo.

DMAS will inform members about Cardinal Care through various forms of communication, including member managed care enrollment notices. Cardinal Care Managed Care

members with significant health needs will continue to have access to comprehensive care management services through their health plan.

Cardinal Care Managed Care Provider Contracts

Providers may continue serving managed care members through their existing Medallion 4.0 and CCC Plus health plan contracts unless notified otherwise. MCOs will have up to 90 days from the start date of the Cardinal Care Managed Care Contract to adjust to a single Cardinal Care Managed Care contract with providers. DMAS and the managed care health plans will work to make the transition from CCC Plus/Medallion 4.0 to Cardinal Care Managed Care easy for providers.

NEW CARDINAL CARE MEDICAID, FAMIS AND PLAN FIRST ID CARDS

Fee-for-service and Plan First ID Cards

Beginning January 1, 2023, DMAS began to replace the current blue and white Medicaid/FAMIS fee-for-service ID cards with updated ID cards that prominently display the Cardinal Care logo. The ID cards also display information needed for fee-for-service claims processing and useful contact information for members and providers. DMAS also updated *Plan First* ID cards, which continues to identify the program as limited benefits coverage, i.e., birth control and services to help prevent unplanned pregnancies.

DMAS will not issue replacement fee-for-service ID cards to all members at once.

Newly eligible members will be the first to receive the new fee-for-service ID cards. The agency will gradually send new fee-for-service ID cards to all members. The existing blue and white Medicaid/FAMIS fee-for-service ID cards and green and white Plan First ID cards will continue to be valid until replaced; either card will enable fee-for-service claims processing.

Managed Care ID Cards

Managed care health plans will revise MCO ID cards to replace Medallion and CCC Plus program names with the Cardinal Care logo. While most health plans will issue rebranded cards in the first quarter of 2023, some began sending new cards to members in late 2022 for an effective date of January 1, 2023. (At least one MCO replaced its pharmacy vendor effective January 1, 2023, an action that is separate from the Cardinal Care initiative.) Members who receive a new MCO ID card must use their new MCO member ID card on January 1, 2023, or upon receipt thereafter.

DMAS' MANAGED CARE ENROLLMENT BROKER

The Department is in the process of making changes to the enrollment broker websites, and it will ultimately launch a single unified enrollment website for all managed care members. Until this work is completed, all managed care members will continue to use their existing (CCC Plus or Medallion 4.0) enrollment websites. DMAS will share more information about enrollment broker processes in a future Cardinal Care Medicaid Memo.

ELIGIBILITY AND MCO ENROLLMENT VERIFICATION

Providers should continue to use the DMAS web-based automated response system (ARS) and the Medicaid telephonic system, and 270/271 eligibility transactions to verify

member eligibility and managed care enrollment. On and after January 1, 2023, DMAS's eligibility verification systems will simply reflect the member's fee-for-service or MCO enrollment. For MCO-enrolled members, eligibility verification systems will also include the member's MCO name, provider ID, and phone number and the member's MCO enrollment dates. Sample automated response system (ARS) eligibility verification screen-prints are available in the Cardinal Care provider information presentation available on the DMAS [Cardinal Care Provider Transition](#) web page.

No Wrong Door for MCO Service Authorization and Claims Submissions

MCOs have transitioned to a no wrong door submission process for service authorizations and claims. However, if providers have a separate business need to identify the CCC Plus and Medallion 4.0 program during this transition, you can do so from the MCO provider ID. (See Attachment 2 to this Memo for the MCO Provider ID/Program Name crosswalk and ARS screenprint.)

DMAS SERVICE AUTHORIZATION AND CLAIMS

The Department's fee-for-service service authorization and claims processing rules will not change because of Cardinal Care. Providers should continue to use the same service authorization and billing processes for fee-for-service unless notified of a specific change. Until April 1, 2023, providers must continue to request service authorization through KePRO for Medallion MCO members who need long-term services and supports.

CARDINAL CARE MCO CONTACTS

MCOs will issue separate guidance to providers regarding any Cardinal Care-related changes to MCO contracting, claims and service authorization processes. Providers may also contact the MCOs directly using the *MCO Provider Services Contact Information* shown in the *Provider Contact Information and Resources* table below.

PROVIDER CONTACT INFORMATION & RESOURCES	
<p>Virginia Medicaid Web Portal Automated Response System (ARS) Member eligibility, claims status, payment status, service limits, service authorization status, and remittance advice.</p>	<p>https://vamedicaid.dmas.virginia.gov/</p>
<p>Medicall (Audio Response System) Member eligibility, claims status, payment status, service limits, service authorization status, and remittance advice.</p>	<p>1-800-884-9730 or 1-800-772-9996</p>
<p>KEPRO Service authorization information for fee-for-service members.</p>	<p>https://dmas.kepro.com/</p>
<p>Provider Appeals DMAS launched an appeals portal in 2021. You can use this portal to file appeals and track the status of your appeals. Visit the website listed for appeal resources and to register for the portal.</p>	<p>https://www.dmas.virginia.gov/appeals/</p>

Managed Care Programs	
Medallion 4.0, Commonwealth Coordinated Care Plus (CCC Plus), and Program of All-Inclusive Care for the Elderly (PACE). In order to be reimbursed for services provided to a managed care enrolled individual, providers must follow their respective contract with the managed care plan/PACE provider. The managed care plan may utilize different guidelines than those described for Medicaid fee-for-service individuals.	
Medallion 4.0	https://www.dmas.virginia.gov/for-providers/managed-care/medallion-40/
CCC Plus	https://www.dmas.virginia.gov/for-providers/managed-care/ccp-plus/
PACE	https://www.dmas.virginia.gov/for-providers/long-term-care/programs-and-initiatives/program-of-all-inclusive-care/
Magellan Behavioral Health Behavioral Health Services Administrator, check eligibility, claim status, service limits, and service authorizations for fee-for-service members.	www.MagellanHealth.com/Provider For credentialing and behavioral health service information, visit: www.magellanofvirginia.com , email: VAProviderQuestions@MagellanHealth.com , or Call: 1-800-424-4046
Provider HELPLINE Monday–Friday 8:00 a.m.-5:00 p.m. For provider use only, have Medicaid Provider ID Number available.	1-804-786-6273 1-800-552-8627
MCO Provider Services Contact Information	
MCO	Phone/Website
Aetna Better Health of Virginia	1-800-279-1878 https://www.aetnabetterhealth.com/virginia/providers/index.html
Anthem HealthKeepers Plus	Medallion - 1-800-901-0020 CCC Plus – 1-855-323-4687 https://www.anthem.com/
Molina Healthcare	1-800-424-4518 https://www.molinahealthcare.com/providers/va/medicaid/home.aspx
Optima Health	Medical - 1-800-229-8822 Behavioral Health – 1-800-648-8420 https://www.optimahealth.com/providers/
UnitedHealthcare	Medallion: 1-844-284-0146 CCC Plus: 1-877-843-4366 www.uhcprovider.com/
Virginia Premier Health Plan	1-800-727-7536 https://www.virginiapremier.com/providers/medicaid/provider-resources/

Attachment 1 – Cardinal Care Managed Care Open Enrollment

Managed Care Open Enrollment for July 1, 2022 – December 31, 2022	
Population	Annual Open Enrollment
Medallion 4.0 Populations, FAMIS, FAMIS MOMS, and FAMIS Prenatal Coverage (PC) Members	<ol style="list-style-type: none"> 1. Roanoke/Allegheny and Southwest Regions: December 19 – February 28, 2022 2. Tidewater Region: February 19 – April 30, 2022 3. Central Region: April 19 – June 30, 2022 4. Northern Virginia Region: June 19 – August 31, 2022 5. Charlottesville/Western Halifax Regions: August 19 – October 31, 2022
Medallion 4.0 and CCC Plus Medicaid MAGI Adult Members (Medicaid expansion members)	November 1 – December 31, 2022
CCC Plus Populations, except MAGI/Medicaid Expansion Adults (per above)	<p>October 1 – December 31, 2022</p> <p>Open enrollment dates will be the same regardless of the region in which the Member resides.</p>
Cardinal Care Managed Care Open Enrollment Beginning January 1, 2023	
Population	Annual Open Enrollment
<p>Managed care participants</p> <p>An individual enrolled in managed care will be assigned an annual managed care open enrollment timeframe based on the region in which they reside.</p>	<ol style="list-style-type: none"> 1. Tidewater Region: February 19 – April 30, 2023 2. Central Region: April 19 – June 30, 2023 3. Northern Virginia Region: June 19 – August 31, 2023 4. Charlottesville/Western Halifax Regions: August 19 – October 31, 2023 5. Roanoke/Allegheny and Southwest Regions: December 19, 2023 – February 28, 2024

Attachment 2: Identifying MCO Program in ARS and Medall Using MCO Provider ID Number

Providers should continue to use the DMAS eligibility verification systems, including the web-based automated response system (ARS), Medall telephonic system, and 270/271 EDI transactions to verify member eligibility and managed care enrollment. Beginning January 1, 2023, DMAS' eligibility verification systems will simply reflect the member's fee-for-service or MCO enrollment. The eligibility verification systems will continue to include the member's MCO name and phone number, MCO provider ID, and the member's MCO enrollment dates. MCOs have transitioned to accept managed care service authorizations and claims through either program submission process. However, if providers have a separate business need to identify the CCC Plus and Medallion 4.0 programs during this transition, they can do so from the MCO provider ID listed in ARS, Medall and 270/271 EDI transaction. Each MCO has a separate Provider ID number for CCC Plus and Medallion 4.0, as shown in the table below. The ARS screen shot below shows where the MCO Provider ID number is located. The MCO Provider ID number is also shared in Medall and the 270/271 eligibility verification transaction.

MCO	Medallion 4.0 Provider ID	CCC Plus Provider ID
Aetna	0562425543	0247726596
Anthem	0562425972	0247726836
Molina	0575325995	0247725432
Optima	0562427754	0247719971
United	0575326118	0247725788
Virginia Premier	0562425717	0247726240

MCO Provider ID Number

ARS Screenprint



Plan Description - CoPay Indicator - Aid Category	Plan From	Plan To	Provider ID	Provider Name	Provider Phone
MEDICAID FFS - C -- 029	11/01/2022	11/30/2022			
MCO NTHWIN -- 029	11/01/2022	11/30/2022	0247725788	UNITED HEALTHCARE COMMUNITY PLAN	877-843-4366
MED CO & DED -- 029	11/01/2022	11/30/2022			

Showing 1 - 3 of 3

Carrier Code	Carrier Name	Coverage Type	CoPay Amount	Policy Number	Policy Begin Date	Policy End Date
00001	MEDICARE	47	0.00		03/01/2013	12/31/9999
00001	MEDICARE	96	0.00		03/01/2013	12/31/9999
00001	MEDICARE	88	0.00		03/01/2013	12/31/9999

Showing 1 - 3 of 3

Begin Date	End Date	Patient Pay	Status

No patient pay info

CoPay Amounts Service Limits Choose a Different Member